



COMMONWEALTH of VIRGINIA

DEPARTMENT OF MEDICAL ASSISTANCE SERVICES
600 East Broad Street, Suite 1300
Richmond, VA 23219

June 1, 2018

ADDENDUM No. 1 TO VENDORS:

Reference Request for Proposal: RFP 2018- 07
Dated: June 1, 2018
Due: June 15, 2018

Below are updates that may delete, add, modify, or clarify certain aspects of the aforementioned RFP. Please incorporate as necessary.

- 1) See Attachment A for changes that may delete, add, or modify certain aspects of RFP 2018-07.
- 2) See Attachment B for the Department of Medical Assistance Services response to questions/inquiries as submitted by potential Offerors.
- 3) See Attachment C for a list of the firms that submitted a Letter of Intent – by the due date and time required in the RFP.

Attachment B represents questions submitted to date.

A signed acknowledgment of this addendum must be received by this office either prior to the due date and hour required or attached to your proposal response. Signature on this addendum does not substitute for your signature on the original proposal document. The original proposal document must be signed.

Sincerely,

Whitney Speece

Whitney Speece
DMAS Contract Officer

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Name of Firm: _____

Signature and Title: _____

Date: _____

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Attachment A

Red font indicates language *added*. Strikethrough indicates *deleted* language.

Page 11, Section 1.1 Purpose

- Number of Awards: An Offeror shall submit a proposal for statewide services. The maximum number of contracts to be awarded under this RFP is ~~two (2)~~ **one (1)**.

Page 24, Section 3.1.4

- Have the capability to limit authority to modify changes and modifications to service entries **and have a process to correct errors**
- Capable of adding new functional features and supporting multi-users in the future without affecting system functionality
- **Be compliant with the Americans with Disabilities Act**

Page 24-25, Verification of hours worked

~~A key component to ensuring accuracy in time reporting is to ensure that the tasks and hours reported occurred in the Medicaid Individual's home.~~ The Contractor shall have a system and internal controls to allow for review, approval and submission of Timesheets by the appropriate designee. The Contractor shall provide **an EVV system such as** mobile visit verification, **biometric recognition**, and telephonic visit verification options in collecting information.

3.1.5 The Contractor's ~~shall have a~~ mobile application ~~to~~ **shall** collect information including multiple clock in/out time submissions, date of service selections, Medicaid Individual and employee ID numbers, and GPS technology used to verify location and visits using GPS enabled devices.

3.1.6 The Contractor shall provide capability and access to record visits, to record tasks performed during the visit, and ability to document comments and feedback submissions.

3.1.7 The Contractor's ~~shall have a~~ telephonic visit verification technology ~~to~~ **shall** validate telephone calls from the Medicaid Individual's identified phone number(s) to log in and log out, recording time, tasks and location in real time.

3.1.8 The Contractor's ~~shall have a~~ telephonic visit verification system ~~that~~ **shall** offers a 24 hour 7 days a week telephony solution allowing individuals to dial in a United States based toll free number and the ability to log on using the individual's personal ID number.

3.1.9 The Contractor's ~~shall have a system that has~~ Automatic Number Identification (ANI) technology ~~that can~~ **shall** locate the origin of a call, the call time, the Medicaid Individual and employee ID numbers.

Page 25, Section 3.1.17

3.1.17 The Contractor shall develop a Disaster Recovery Plan that complies with federal guidelines **(45 CFR § 164.308)** ~~(45 CFR 94.62 (f))~~, identifying every resource that requires backup and to what extent the back is required.

Page 32, Section 4.2.23

4.2.23 The Contractor shall have a payroll processing and distribution system that has the capacity to calculate and make accurate payments **to employees not to exceed 40 hours per workweek for one Medicaid Individual. Employees that live in the home of the Medicaid Individual and work more than 40 hours in one workweek shall be exempt from the 40-hour workweek restriction and shall be compensated at the regular hourly rate in accordance with FLSA and Department guidelines. Overtime pay is not permitted.** ~~to attendants that live in the home of a Medicaid Individual and work more than 40 hours in one work week to be compensated at the regular hourly rate in accordance with FLSA and the Department guidelines. Overtime payment for hours worked more than 40 hours in one work week is not permitted.~~

Page 33-34, Section 4.2.35

4.2.35 The Technical Proposal shall include: 1) a description or listing of the Offeror's payroll system edits that prevent payment of incorrect, incomplete, duplicative, and erroneous Timesheets; 2) a copy of the Offeror's timesheet; and 3) timesheet processing performance data for December 2016 ~~and~~ **to** January 2018.

Page 37, Section 4.4.7

4.4.7 The Technical Proposal shall include: a copy of the Offeror's employer enrollment packet and enrollment processing performance data for December 2016 ~~and~~ **to** January 2018. Data shall include: the number of employer enrollment packets received and number and percent successfully processed on a weekly and monthly basis for a contract that most closely approximates Virginia's enrollment statistics provided in this RFP.

Page 39, Section 4.5.9

4.5.9 The Proposal shall include: a copy of the Offeror's employee hire packet and onboarding process performance data for December 2016 ~~and~~ **to** January 2018. Data shall include the number of employee new hire document packages received and number and percent successfully processed on a weekly and monthly basis for a contract that most closely approximates Virginia's hiring statistics provided in this RFP.

Page 56, Section 4.12.27

4.12.27 The Technical Proposal shall include a copy of the Offeror's Call Center's weekly performance data for December 2016 ~~and~~ **to** January 2018 for a contract that most closely approximates Virginia's Call Center statistics provided in this RFP. Performance data shall include the data specified in the RFP.

Page 101, Section 7.10.2.3.c

3. References:

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- a. Three, non-Offoror owned customers who will substantiate the Offeror's qualifications and capabilities to operate as an F/EA operating under Section 3504 of the IRS Code, including Agent Employment Tax Liability proposed Regulations (REG-137036-08) issued by the IRS on January 13, 2010; and Revenue Procedure 70-6. References should be able to attest to the Offerors experience with providing and receiving interface files for data loads.
- b. Three non-Offoror owned customers who can attest to the Offeror's experience with providing and receiving interface files for data loads.
- c. ~~Contact information for all F/EA contracts, both Medicaid and non-Medicaid, held by the Offeror at any time since January 1, 2012.~~

Page 131, Section 10.29

The Contractor shall deliver to the Department purchasing office an executed performance bond, in a form acceptable to the Department, in the amount of ~~one (1) month of the estimated annual administrative (PMPM) contract amount~~ **six (6) months of the estimated Per Member Per Month contract amounts for CD Services**, as determined by the Department, with the Department as obligee. In addition, the Contractor shall deliver to the Department purchasing office an executed payment bond, in a form acceptable to the Department, **in the amount of one (1) estimated weekly payroll payment to Personal Care Assistants** ~~two (2) months of the estimated annual transportation services payments amount~~, as determined by the Department, with the Department as obligee. The surety shall be a surety company or companies approved by the State Corporation Commission to transact business in the Commonwealth of Virginia. No payment shall be due and payable to the Contractor, even if the contract has been performed in whole or in part, until the bonds have been delivered to and approved by the Department.

Attachment B
Vendor Questions and Answers

Question Number	Section	Question/Comment	DMAS Response
1.	Section 1.1	“Number of Awards: An Offeror shall submit a proposal for statewide services. The maximum number of contracts to be awarded under this RFP is two (2).” , however, 10.5 implies a single Offeror will be selected after negotiations. Can you clarify the negotiation and selection process and how many awards will be made?	The RFP will be amended to change the maximum number of awards to one.
2.	Section 1.1	The RFP references possibly awarding two contracts. <ul style="list-style-type: none"> ○ If two vendors are selected, would both perform statewide services? ○ How would the population be divided amongst the vendors? ○ If both vendors are operating within the same population, does DMAS have defined transition procedures for individuals who seek to transition from one vendor to another? 	Refer to the response given for question 1.
3.	Section 1.2	“A web portal capable of user self-service for enrollment” – is enrollment referencing access to the web portal or completion of Employer / Employee Enrollment Packets?	Refer to Section 4.1 of the RFP.
4.	Section 1.2	“Technological capability to interface with the department’s system of record” What data connection methods are currently utilized by the Department?	The mechanism used to deliver SA and Patient Pay data from MMIS to the contractor would be through their account (to be set up when contract awarded) on DMAS’s MOVEit DMZ server. The mechanism used to deliver/receive the encounter related data to/from DMAS is GoAnywhere MFT.

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Question Number	Section	Question/Comment	DMAS Response
5.	Section 1.2	Section 1.2 requires “checks as a payment method”; however, The Code of Virginia 40.1-29 does not require paper checks as a method of payment if the employee has access to funds via a payroll card with “at least one free withdrawal or transfer per pay period.” Would the State consider removing the requirement to offer paper paychecks as a payment method?	No. The Offeror must demonstrate the ability to generate paper checks, which are required in the pre-notification process. Once this process has been successfully completed for each provider, electronic payments are permissible.
6.	Section 1.3	Section 1.3 lists requirements for Personal Care Assistants including, “possesses basic math, reading, and writing skills”, “be able to read and write in English to the degree necessary to perform the tasks expected”, and “have the required skills to perform services as specified in the individual’s plan of care/service plan”. How are these required skills tested and confirmed? What if a service recipient is non-English speaking; is the requirement to read and write in English required?	All member services requirements may be found at: https://www.virginiamedicaid.dmas.virginia.gov/wps/portal/ProviderManual
7.	Section 1.3	Section 1.3 lists restrictions for Personal Care Assistants including that “a paid caregiver for a Medicaid Individual living under the same roof unless permitted by Department policy”. In what instances are exceptions permitted and what is the process to assist a Service Recipient to obtain an exception for their desired Personal Care Assistant? Is this intended to eliminate any live-in Personal Care Assistants?	All member services requirements may be found at: https://www.virginiamedicaid.dmas.virginia.gov/wps/portal/ProviderManual
8.	Section 1.3	Section 1.3 shows a table of program enrollees from August 2017 to March 2018. What was the monthly average number of participants who added to the program and those who dropped from the program during this time period?	Over the past 3 months, approximately an average of 246 new participants were reported as newly enrolled in the program. Please note this data reflects population of all CD services participants to include waiver services excluded from this RFP.

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Question Number	Section	Question/Comment	DMAS Response
9.	Section I, 1.2 – 1.3	Is it Virginia DMAS' intention that only the self-directed services are verified through EVV under this RFP? Or would agency directed services be verified by EVV too?	Agency-Directed providers are not part of this RFP.
10.	Section I, 1.3	How many service recipients would have visits verified by EVV under the self-directed program?	All self-directed members must participate in EVV. Current enrollment data will be shared immediately following the contract award.
11.	Section I, 1.3	How many visits per week or per month, on average, does a service recipient receive?	All member services requirements may be found at: https://www.virginiamedicaid.dmas.virginia.gov/wps/portal/ProviderManual
12.	Section I, 1.3	How many provider agencies would be using EVV to verify visits in Virginia? (the answer to this may be 0 if agency direct is not intended to be covered by EVV as part of this procurement)	Agency-Directed providers are not part of this RFP.
13.	Section I, 1.3	How many self-directed caregivers would be using EVV to check in/out in Virginia?	Refer to the response given for question 10.
14.	Section I, 1.3	How many service recipients would have visits verified by EVV under the agency directed program? (the answer to this may be 0 if agency direct is not intended to be covered by EVV as part of this procurement)	Refer to the response given for question 12.
15.	Section 2.1, y/4.18.1	Is the cost of annual assessments and satisfaction surveys performed by a subcontractor the responsibility of DMAS or the Contractor?	All costs related to the satisfaction surveys will be borne by the Contractor.
16.	Section 2.1, aa.	Can quarterly teleconference calls include multiple Services Facilitation Agencies?	Yes. These calls may include multiple Services Facilitation (SF) agencies.
17.	Section 2 f. Patient Pay page 21	"Patient Pay amounts are the amount of the employee's wages the individual is obligated to pay" – Can the individual send their payment to the Contractor instead of the Employee? This will ease the tax reporting complication.	Not at this time.

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Question Number	Section	Question/Comment	DMAS Response
18.	Section 2.2	Section 2.2 outlines an implementation schedule but does not indicate when contracts will be awarded and negotiated. Can DMAS clarify when these activities will occur?	The contract will be awarded upon the completion of the RFP evaluation and negotiation process. The Department cannot anticipate the award date at this time.
19.	Section 2.2	What is the anticipated award date?	Refer to the response given for question 18.
20.	Section 3.1	Is it the Department's intent to mandate the use of EVV for 100% of Medicaid Individuals / employees By the 1/1/19 deadline?	Yes.
21.	Section 3.1	Section 3.1 states, The Department of Medical Assistance Services is authorized to require Consumer-Directed employees...to utilize an Electronic Visit Verification (EVV) system." When will the Department be requiring use of EVV effective?	Refer to the response given for question 20.
22.	Section 3.1.3	Section 3.1.3 states, "The Contractor shall have system edits in place preventing claims for services that are not electronically verified and documented using the EVV system, or otherwise inconsistent with an approved Service Authorization." Does this indicate that DMAS will mandate EVV effective 1/1/19 for all Personal Care Assistants and what exception allowances would the State impose for Personal Care Assistants who require revisions due to EVV errors (e.g. forgetting to clock in or out)?	EVV will be effective 1/1/19 for consumer-directed personal care, respite, and companion services.
23.	Section 3.1.4	Section 3.1.4 references that for EVV, "The system must provide real time jurisdictional views for Services Facilitators, DMAS and approved Designated Entities." What data elements exist in the jurisdictional views currently in use?	Services Facilitators only have access to view members to whom they provide services. Current data elements may be found in Section 4.2 of the RFP.

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Question Number	Section	Question/Comment	DMAS Response
24.	Section 3.1.4	Section 3.1.4 states that, “A key component to ensuring accuracy in time reporting is to ensure that the tasks and hours reported occurred in the Medicaid Individual’s home.” Is this intended to require all services to be only in the individual’s home despite the service definition of Personal Care referencing that services may occur “at home, at work, and in other places in the community.”?	The Offeror must be EVV compliant. For more information on EVV requirements, refer to the 21 st Century Cures Act, Section 12006. All member services requirements may be found at: https://www.virginiamedicaid.dmas.virginia.gov/wps/portal/ProviderManual
25.	Section 3.1.6	Does the Department intend to collect task information at the point of service using EVV?	The Department does not currently require task information however the EVV shall be equipped to capture this information should it become a requirement.
26.	Section 3.1.7	Section 3.1.7 requires the Contractor to have a “telephonic visit verification technology” as a component of their EVV solution. A.) Given the restricted access to the community and declining use of landline telephones would the State consider removing this requirement if the Contractor could demonstrate an ability to provide EVV to all service recipients (including recipients who live in areas where there is poor cell reception and lack access to smart devices)? B.) If a telephonic system is required, will the users be required to have a POTS landline rather than a VOIP system?	This requirement has been clarified.
27.	Section 3.1.11	Section 3.1.11 requires the Contractor to provide “reporting tools that enable users to have real time data and dashboards as well as retrospective reporting capabilities.” What reports currently exist, if any, and what report data does the State see as useful for the various users?	Each proposal should include the Offeror’s plan to establish reports relevant to various stakeholders as defined in the RFP.

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Question Number	Section	Question/Comment	DMAS Response
28.	Section 3.1.13	Section 3.1.13 – Can the Department provide additional details on the requirements for an aggregator system? Will the aggregator system be required to accept data from other providers/agencies?	The aggregator requirement will be removed.
29.	Section 3.1.13	3.1.13 states “The Contractor shall acquire an aggregator system, approved by the Department, that will record data, ensure visits are verified, match approved service authorizations, and generates alerts when visit data does not conform to standards.” If the contractor is required to process data from only the participants it serves and has developed their own system for aggregating service data, matching it to authorizations and generating alerts, can the contractor get their own system approved? Otherwise, does the State have a list of approved aggregator systems?	The aggregator requirement will be removed.
30.	Section 3.1.17	Section 3.1.17 states, “The Contractor shall develop a Disaster Recovery Plan that complies with federal guidelines (45 CFR 94.62 (f)), identifying every resource that requires backup and to what extent the back is required.” Could you confirm that the referenced law is accurate as we are not able to locate it?	This citation will be corrected in the RFP to align with the updated regulation as cited in Section 10.28: 45 CFR § 164.308.
31.	Section 4.2	Section 4.2 states, “The Contractor will maintain the database and processing systems at their facility. DMAS and DMAS authorized agents shall have access to the Contractor’s database, both from DMAS’ site and the Contractor’s site, to support the contract.” What degree of access would the Department require? Does the Department need access to all applications and programs?	The Department requires administrative access to all Contractor’s database and processing systems used to support this procurement. Please refer to Section 4.2 of the RFP.
32.	Section 4.2	Section 4.2 states, “All data and other information used to maintain the F/EA systems is the property of the Department.” What does “information” include; does it include application code or IT infrastructure?	All data associated with the DMAS contract used to maintain the F/EA systems is included. Application code and IT infrastructure is not included.
33.	Section 4.2.7	Section 4.2.7 requires that “The self-service web portal shall be owned by the Department upon completion, termination, or cancellation of the contract.	Refer to Section 10.17 of the RFP.

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Question Number	Section	Question/Comment	DMAS Response
		The Department shall have full read only access to all systems supporting F/EA services and reporting.” Is the intention of this requirement to procure the development of a fully independent functioning F/EA system that the State then owns after the end of the contracting period including the capabilities listed including those in all of Section 4.2 such as “maintaining and recording participant Protected Health Information”, “software and automated payroll processing, invoice processing, automated employer enrollment and employee on boarding systems”, “self-service through web portal submission for individuals and their employees that integrates enrollment, timesheet, and payroll information”, “view, update, and print real time and historical information including: enrollment and employer and employee demographics; services authorization; service use; paystubs; tax; patient pay, garnishments, and other withholdings; year-end tax forms (e.g W-2)”? Or, is the intention to have read-only access to such system for historical data after the potential end of the contract?	
34.	Section 4.2.11	Section 4.2.11 requires “two alternating pay schedules (A and B) shall be implemented based upon geographical location of the Medicaid Individual.” If the Contractor could demonstrate that a single payroll schedule could meet the needs of the program would the State consider one schedule as opposed to two?	The Contractor’s payroll schedule must adhere to requirements defined in the RFP.
35.	Section 4.2.13	Please elaborate on the Pre-notification process. Does this process comply with VA state law on the use of electronic payments?	Reference Section 4.2.13. The RFP requires the use of a pre-notification process. The Contractor must provide, for the Department’s consideration, a pre-notification process proposal that demonstrates compliance with State and Federal laws.

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Question Number	Section	Question/Comment	DMAS Response
36.	Section 4.2.16	Section 4.2.16 requires that “employee pay rates and billable rates” are accurate. What are the current Billable Rates and Pay Rates for Northern Virginia and the rest of the State?	The billable rate for Rest of State (ROS) is \$10.17 and the pay rate is \$9.22. The billable rate for Northern Virginia (NOVA) is \$13.16 and the pay rate is \$11.93.
37.	Section 4.2.22	Section 4.2.22 asks for data regarding “the number and percent of employees using direct deposit, debit cards, and paper checks for a current contract that most closely approximates Virginia’s payroll statistics provided in this RFP.” What are the number and percent of employees in the existing program that are using direct deposit, debit cards, and paper checks?	Over the past 3 months, approximately the average number and percent of employees using direct deposit are 11,869 (69.5%); debit cards 3,441 (20.2%); and paper checks 1,756 (10.3%). Please note this data reflects population of CD services participants to include waiver services excluded from this RFP.
38.	Section 4.2.23	Section 4.2.23 states, “Overtime payment for hours worked more than 40 hours in one work week is not permitted.” Is this statement only in reference to attendants that live in the home of a Medicaid Individual or all attendants regardless of living arrangement?	Section 4.2.23 will be amended.
39.	Section 4.2.31	Section 4.2.31 states, “the Contractor shall also provide alternate methods for timesheet submission.” Is this requirement referring to methods other than those compliant with EVV?	All methods of timesheet submission must be EVV compliant.
40.	Section 4.2.34	Section 4.2.34 identifies “Performance Standard: 100% of correct Timesheets, received by the Timesheet deadline, shall be accurately processed and disbursed by the correlated payroll cycle pay date.” How is this standard currently measured with the existing Contractor?	Refer to Section 4.2.30 of the RFP.

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Question Number	Section	Question/Comment	DMAS Response
41.	Sections 4.2.35, 4.4.7, 4.5.9, 4.12.27, and 4.19.7	Sections 4.2.35, 4.4.7, 4.5.9, 4.12.27, and 4.19.7 all reference data from “December 2016 and January 2018” or “December 2016 to January 2018”. Can the State confirm that this is the correct time periods for which the data is requested?	All reference data must include December 2016 through January 2018. The contract will be amended in all relevant areas.
42.	Section 4.2.35	Section 4.2.35 – Can the Department clarify if they require performance data for only the months of December 2016 and January 2018, or for all months between December 2016 and January 2018?	Refer to the response provided for question 41.
43.	Section 4.2.37	“An average of 150 Separation Questionnaires, including telephonic hearing notices, are received by the F/EA per month” – Is this based on the entire consumer-directed population of roughly 20,000 individuals?	Yes.
44.	Section 4.2.39 to 4.2.47.	Can you confirm which of these requirements can be met using the Offeror’s website (information site) and which can be met through Offerors web-based portal?	The Offeror shall submit a detailed proposal to implement all requirements stated in the RFP. The Department will review all electronic delivery methods for consideration.
45.	Section 4.2.40	Section 4.2.40 states, “The website shall support communications, user tutorials, presentations, manuals, technical assistance, program documents, online enrollment hire packets, and web portal access for Medicaid Individuals, and employers.” Is it acceptable to the State for the role-based portal account have access to the appropriate program items and functions or must the items listed be public facing?	Refer to the response provided for question 44.
46.	Section 4.4.1	All applicable State forms that the individual must complete, sign, and submit with accompanying instructions minimally including: Form R-1, Virginia Business Registration Application; Form FC-27, Virginia Employment	The requirement will not be removed however, electronic are acceptable if allowed by all State and Federal

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Question Number	Section	Question/Comment	DMAS Response
		Application for Unemployment Insurance (UI) Account Number; Form VA. PAR 101 Power of Attorney. Can this requirement be removed for forms that are no longer obtained through signature on paper, per tax authority? Is the department requiring collection of instructions?	regulations. DMAS does not require the return of instructions.
47.	Section 4.6.3	Section 4.6.3 references the “Virginia DMAS EDI Companion Guide for the Professional Health Care Claim or Encounter”. Is this guide currently available?	All DMAS EDI Companion Guides may be located at: https://www.viriniamedicaid.dmas.virginia.gov/wps/portal/EDICompanionGuides
48.	Section 4.7	Section 4.7 describes three required background checks for Personal Care Assistants. Is there a requirement to conduct a National Criminal Background Check or other checks not listed in section 4.7 in any circumstance?	No.
49.	Section 4.7.1	Section 4.7.1 allow Personal Care Assistants to “work and be paid for up to 30 days pending the results of criminal and child abuse and neglect background checks.” What is the average length of time from a background check request to the background check results?	The Offeror may reference State Police and DSS guidelines for additional information.
50.	Section 4.7.1	Section 4.7.1 states, “Background checks conducted by the Contractor are required at the time of initial employment, re-employment by the same employer, and employment by another Medicaid EOR.” Do background checks need to be re-run, and if so, how often?	All background check intervals were defined in section 4.7 of the RFP.
51.	Section 4.7.3	Section 4.7.3 identifies requirements surrounding the employee’s criminal background check records including “a. Weekly criminal, child abuse and neglect, and federal LEIE database background checks for prospective employees. B. Monthly LEIE database checks for all employees.” Can the State confirm the frequency of LEIE checks are prior to hire and monthly	This has been clarified. Criminal and child abuse and neglect background checks and federal LEIE background checks are conducted at the time of hire; LEIE checks are conducted monthly thereafter.

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Question Number	Section	Question/Comment	DMAS Response
		thereafter? What is the required frequency for criminal, child abuse and neglect checks?	
52.	Section 4.7.10	Section 4.7.10 states, "The Contractor shall electronically receive Service Authorizations (SAs) from DMAS, on a schedule to be determined by the Department for Consumer-Directed Services." What is the current frequency and format? What is the average amount authorized for Medicaid Individuals?	The frequency is daily and format has been supplied. Authorizations are not authorized by amount.
53.	Section 4.7.10	Are the SAs referenced in 4.7.10 provided in a format (e.g., .csv or similar) that would allow download into the vendor's accounting system?	The format is not a csv or xls file. The file is a data file in fixed format.
54.	Section 4.7.19-20	4.7.19-20 discusses Patient Pay amounts and reports that "the average Monthly Patient Pay amount is \$221." How often does the Patient Pay amount fluxuate for Individual Medicaid Enrollees?	Patient Pay amounts are determined by the Department of Social Services (DSS). The frequency of these changes is also managed by DSS.
55.	Section 4.7.24	Can the Department explain how the encounter data is sent to the Department, what the expected format and frequency is, and if this data is within an 837 FFS file? Can the Department further explain what EPS is?	The encounter data is an X12 837P file. EPS is DMAS' Encounter Processing Solution, which, receives and validates the encounters based on DMAS encounter business rules.
56.	Section 4.12	Is the Department requesting access to listen, in live time, to all active calls available through the toll-free customer service line? Alternatively, can the vendor provide calls to the Department at their request in vendor's office?	The RFP states the Department must have the capacity to monitor all calls. The vendor must have the ability to perform live call monitoring. The vendor must record 100% of all calls received and have the ability to provide the Department any recorded call in an approved electronic format, in real time.

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Question Number	Section	Question/Comment	DMAS Response
57.	Section 4.12.7	Section 4.12.7 identifies data elements for the call center. Can the State provide these data elements for the most recent complete month?	<p>For the month of April, the following information was reported to DMAS:</p> <ul style="list-style-type: none"> • Number of Calls Received- 70,700 (this includes calls answered by Live Representatives and through IVR) • Number of Answered Calls- 65,376 (this includes calls answered by Live Representatives and through IVR) • Call Answer Time-100% of calls answered in 3 rings or 15 seconds • Call Subjects-Include but are not limited to Timesheet or Invoice Inquiries, Authorizations, Verification of Employment, Garnishments, Criminal Background, Fraud & Abuse, Provider Enrollment, Consumer Enrollment, Tax, and Complaints. • Voice Mail Received- 1,906

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Question Number	Section	Question/Comment	DMAS Response
			<ul style="list-style-type: none"> • Voice Mail Return Calls-100% of voicemails returned within one business day of receipt • Abandoned Calls-4,651 • Queue Wait Time- 31 seconds • Service Factor- 93.4% Service Level • Talk Time- 8.13 minutes • Escalated Calls-270 <p>*Please note: This data reflects ALL of the population for CD services to include waiver services excluded from this RFP, including CCC Plus waiver participants.</p>
58.	Section 4.12.7	Can the Department please clarify the data element 'Service Factors'?	Service Factors include the internal and approved external measure of call center performance as it relates to the overall customer service experience and required metrics.
59.	Section 4.12.7	What are the current monthly statistics associated with the items listed in 4.12.7? For example, what is the number of calls received per month currently?	Refer to the response given for question 57.
60.	Section 4.12.10	Section 4.12.10 requires that the telecommunications system capacity "must be scalable (both increases and decreases) to future demands." What are the expected future demands over the proposed contract period beginning 1/1/19?	The Contractor must demonstrate use of a system and internal controls to support all fluctuation in call volume.

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Question Number	Section	Question/Comment	DMAS Response
61.	Section 4.12.12	What does the Department intend the caller to access regarding timesheets and payroll information?	Reference Section 4.12.11 of the RFP.
62.	Section 4.12.13.h	Section 4.12.13.h – “Provide complete on-line access to the Department to all computer files and databases supporting the Call Center System.” This seems overly broad. This could be interpreted to mean real-time online access to every system/application/infrastructure item we use. Can the department narrow this requirement by providing examples of the type of real-time access required?	Refer to Section 4.2 of the RFP. Examples of type of real-time access required shall be established upon vendor selection.
63.	Section 4.12.13 j, o, and 4.12.14	Section 4.12.13 j, o, and 4.12.14 all reference department approval of automated phone greetings, voicemail greetings, and call scripts. What is the current approval process and turnaround time for these requests?	All changes must be approved by the Department prior to release. Timeframes will be established on a case-by-case basis unless otherwise specified in the RFP.
64.	Section 4.12.23, b	What is the current call volume per day, week, and month?	<p>An estimation of current call volume per day is approximately 2,350 calls including calls answered through IVR, and approximately 16,500 calls per week including calls answered through IVR. Please refer to question 57 for call volume per month.</p> <p>*Please note: This data reflects ALL of the population for CD services to include waiver services excluded from this RFP, including CCC Plus waiver participants.</p>

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65.	Section 4.12.27	Section 4.12.27 – Can the Department clarify if they require performance data for only the months of December 2016 and January 2018, or for all months between December 2016 and January 2018?	All reference data must include December 2016 through January 2018. The contract will be amended in all relevant areas.
66.	Section 4.13	Section 4.13 outlines expectations and requirements regarding handling of complaints and grievances. Can the State clarify how they define a “complaint” and a “grievance”?	Refer to Section 1.4.
67.	In Section 4.13.1	Appeals to DMAS’ is the Department considering Attendants (Employees) as providers in this context?	No. Attendants may not submit appeal requests to DMAS.
68.	Section 4.15.2. d.	Section 4.15.2. d. – What Limited English Proficiency groups has the Department currently identified as constituting 5% or more of the Department’s current population?	Having all materials translated and available in Spanish currently satisfies the Limited English Proficiency groups constituting 5% or more of the Department’s population requirement in this section.
69.	Section 4.17	Section 4.17 outlines Reporting Requirements. Are these reporting requirements currently in place for the program?	Yes.
70.	Section 4.17.10	Section 4.17.10 references annual reports “of employees with “high earnings”. Does this report reference Contractor employees or consumer-hired employees? What is considered “high earnings”?	This requirement references employees hired by the consumer. The report requires a submission of the 50 top earning personal care attendants.

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71.	Section 4.17.13	Section 4.17.13 states, "The Contractor shall provide ad hoc reports as requested and prioritized by the Department." How many ad hoc reports are requesting, on average, in a given month?	The total number of requests will be based on the Department's current business need.
72.	Section 4.19.2	Can the Department give further clarification regarding the 15% quarterly sampling of <i>key operations areas</i> ? Should the Offeror define the key operational tasks that are audited each quarter in its QA Plan?	The vendor must provide a Quality Assurance (QA) Plan that includes its proposal of the required quarterly sampling of the key operation areas associated with defined performance standards identified in the RFP. All audited tasks must be defined in the documented policies, procedures, and internal controls submission.
73.	Section 4.19.2	Can the Department clarify if the 15% quarterly sampling of key operations of the <i>total population of program participants</i> as of the quarter-end being reviewed, or is it 15% of the population of program participants that <i>enrolled in the specific quarter</i> being reviewed?	Refer to the response to question 72.
74.	Section 4.19.4	Does the Department require a quarterly Quality Assurance Internal Contractor meeting?	Yes. The Contractor must have quarterly Quality Assurance meeting. The Department may attend at its discretion.
75.	Section 4.20.1	Can you confirm the Full Time Information Systems Project Director/Manager dedicated 100% is during the implementation phase, and once the contract is implemented is only required on an as-needed basis to fully support the contract work?	The Full Time Information Systems Project/Manager must be dedicated 100% during the implementation phase only. Once implemented, IT staff, to support on-going operations, systems changes, and address all IT errors and corrective actions in a timely and accurate manner.

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76.	Section 4.20.1. 1-2.	Section 4.20.1. 1-2. – These staffing requirements don’t seem to align with the expected service volume. Will the department consider proposals with alternate staffing plans?	The staffing requirements are defined in the RFP.
77.	Section 4.20.5	Section 4.20.5 requires that changes in the Project Director must be “pre-approved”. How does the State propose pre-approving an unforeseen change?	Staff members in key positions identified in the RFP must be pre-approved by the Department.
78.	Sections 4.20.8 and 4.20.9	Section 4.20.8 and 4.20.9 states “The Department shall approve retirees for project management level positions.”, and, “The Contractor shall notify the Department in reductions in staffing levels, subject to review and prior approval of the Department.” Can the State expand on the approval process and timeline? Does a reduction in staffing levels include all front line staffing positions working on the Contract?	Key positions identified in this RFP may not be filled without the Department’s approval. The Contractor shall provide an expected timeline for rehire. The Department shall approve rehires for project management positions. Reduction in staffing levels is not limited to front line staffing positions.
79.	Section 4.21.3	Section 4.21.3 identifies required frequency for training of Service Facilitators. Is this the frequency of training in the current program?	Yes.
80.	Section 4.21.5	Section 4.21.5 identifies five regions where Service Facilitators are located. How many Service Facilitators are located in each region?	For a complete listing of Service Facilitators, refer to the DMAS website at: dmas.virginia.gov
81.	Section 4.21.5	Section 4.21.5 identifies five regions where Service Facilitators are located. How many Service Facilitators are located in each region?	Refer to the response given for question 80.
82.	Section 4.21.11	Section 4.21.11 states, “The Technical Proposal shall include plan(s) for orienting and training Services Facilitators, Orientation and training plan(s) shall include: a. Learning objectives b. Content c. Delivery and evaluation methods d. Registration and attendance confirmation methods e. Frequency”.	Yes. This information must be provided in the Contractor’s Technical Proposal.

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		Does the Department intend for Offerers to create and include training “b. Content” for submission with their proposal?	
83.	Section 4.22.2	Section 4.22.2 states that “at a minimum, the Project Director and specified program operations staff shall be located in the office” referring to an office in or around Richmond, Virginia. Could the State identify which program operations staff are required by listing what functions must be performed in the Richmond, VA area office?	The requirements of the contract were specified in section 4.20. Individual job functions may be submitted in the proposed staffing plan.
84.	Section 4.23.7	Should the Offeror end a relationship with a small business (and utilize a different small business to fulfill its SB % obligation, should it follow the same procedures as 4.23.7?	The Department does not require the Contractor to terminate an existing relationship. Refer to Section 10.11 of the RFP.
85.	Section 4.26.9	What measures are there for a Contractor to pursue a remedy to such violations before a termination decision is made by The Department?	While DMAS reserves the right to immediately terminate under this section, any opportunity to remedy would depend upon the severity of the violation(s). As stated in Section 4.26.9 the immediate termination only applies to material terms of the Agreement.
86.	Section 4.28.2	Section 4.28.2. – In the event that the incumbent vendor and the Contractor are both award the contract, will the Department mandate a transfer of Medicaid Individuals to the Contractor? If so, how many will be transferred?	Refer to response given in question 1.
87.	Section 4.29.11	Section 4.29.11 requires closing of the established “CD-Services payroll payment bank account and refund the remaining balances to DMAS”. Would the State consider removing the requirement to establish a separate account	1. The State will not consider removing the requirement to establish separate accounts.

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		if appropriate accounting and reconciliation of funds paid and received could be provided? Is the CD-Services payroll payment bank account solely funded through DMAS funds or can the Offeror utilize their own funds if and when needed?	<p>2. The CD Services payroll payment bank account is solely funded by the Department.</p> <p>3. Working capital is prohibited in this procurement.</p>
88.	Section 6.1.2	Per 6.1.2, payroll vouchers are submitted to the Department as encounter data using the X12 837P format. Per 6.2.3, the contractor is required to submit a PMPM voucher to the Department. What is the required format for the contractor's PMPM voucher discussed in 6.2.3?	The Department will provide all technical aspects of the voucher with the chosen vendor. The vendor must provide a monthly report of the members served. This secure report includes member benefit and program information, the amount of the PMPM and any information used to determine each PMPM, if applicable.
89.	Section 6.1.9	Tax Liabilities by waiver and program as a data point. To demonstrate this data point, can the vendor provide Units and Billable Rate (Pay Rate + All Estimated Taxes) will be the data point?	The Contractor may demonstrate this data point in the response to this RFP.
90.	Section 6.2.2	Section 6.2.2 defines an active participant as "unduplicated Medicaid Individuals for whom Timesheets were paid during the month, as certified by the Department". Can the State confirm that "active" would include any individuals for whom a payment was issued even if they have since become inactive? (E.g. Member who is now terminated has late timesheets submitted that need to be paid.)	Yes, refer to the definition for Active Individual in Section 1.4. The example referenced does not apply to this RFP. Refer to the EVV specifications listed in Section 3.1.1.

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91.	Section 6.5	Section 6.5 addresses performance standards and penalties with several 100% requirements. How many performance standards payment reductions (penalties) have been applied to monthly payments in the last 3 years?	There were five (5) performance standards payment reductions (penalties).
92.	Section 6.5.4	Section 6.5.4 identifies that “The maximum Monthly PMPM (capitation) payment reduction for Consumer-Directed Services is 3% for failure to meet Service Area performance standards.” Can the State confirm that the maximum 3% applies to 6.5.1, 6.5.2, and 6.5.3 combined and not 3% for each Service Area Performance Standard Set (total of 9%)?	The maximum penalty for all service areas is 3% per month.
93.	Section 7.10.2 3.c	Section 7.10.2 3.c. requires “Contact information for all F/EA contracts, both Medicaid and non-Medicaid, held by the Offeror at any time since January 1, 2012.” This is a substantial request. Can the State explain the purpose of this request given that the proposal requires three customer references regarding qualifications and an additional three customer references regarding data exchange?	After review, the Department has determined to remove this requirement from the RFP.
94.	Section 7.10.6	Section 7.10.6 requires that the Offeror “submit a current comprehensive F/EA Policy and Procedure Manual for a similar project.” Given the complexities of providing F/EA services this is a lengthy manual. Can the State confirm that it indeed wants the Policy and Procedure manual with proposals and what formats are acceptable (e.g. electronic USB drive or printed)?	Yes, the Department confirms this requirement. Both electronic and hard copy submissions are required.
95.	Section 7.10.2.4	As part of response, we are asked to provide evidence of financial stability. We are prepared to submit audited financial statements for 2015-2017, or 2016 and 2017 as well as 2018 1st quarter financials. If a company is publicly traded, statements are available on the public website. Our full, printed	No, the State will not accept hyperlinks to financial documentation. A vendor must submit 3 full years as evidence of

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		financial statements are approximately 350 pages. First, would the State accept hyperlinks in the subsection to the 3 financial documents in lieu of inserting the full documents within the Technical Proposal? Second, would the State prefer the last three full calendar years, or the past two calendar years plus the most current 2018 information?	financial stability. (Example...May 2015 through May 2018).
96.	Section 8.1	What is the formula that will be used to assign points to the to score the Small Business Subcontracting Plan? “Points will be assigned based on each Offeror’s proposed subcontracting expenditures with DSBSD certified small businesses for the initial contract period as indicated in Section B in relation to the Offeror’s total price.”	Scoring and assignment of points for an Offeror’s Small Business Subcontracting Plan will be performed in accordance with the Agency Procurement and Surplus Property Manual (APSPM) Annex 7-B, Step 9, Section III, Items D and E.
97.	Section 9.10.1.b	Section 9.10.1.b. states, “Any payment terms requiring payment in less than 30 days will be regarded as requiring payment 30 days after invoice or delivery, whichever occurs last. This shall not affect offers of discounts for payment in less than 30 days, however.” Is the Department willing to enter in to a pre-billing ACH or advance arrangement?	A vendor may submit in their proposal billing methodology for ACH for advance payments.
98.	Section 10.17	Can the Department confirm: Is this standard in most contracts?	Yes, Section 10.17 is a standard provision in Virginia Contracts. Please see the Agency Procurement and Surplus Property Manual (APSPM), Appendix B.
99.	Section 10.17	Section 10.17 states that “All copyright and patent rights to all papers, reports, forms, materials, creations, or inventions...become the sole property of the Commonwealth...” A winning proposal is likely to involve use of the contractor’s intellectual property, particularly related to portal design. Is it the intention of the Commonwealth to take possession of existing intellectual property that is currently owned by the potential contractor? If	No, it is not the intention of the Department to take possession of existing IP. The intent behind Section 10.17 is to ensure all F/EA Contract papers, reports, forms, materials, creations, or inventions created or

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		so, does the Commonwealth propose to allow the contractor to continue using the property in operation of their existing business?	developed in the performance specific to the F/EA Contract shall become the sole property of the Commonwealth.
100.	10.29	PERFORMANCE AND PAYMENT BONDS. What is the estimated amount of two (2) months of the estimated annual transportation services payments in which the payment bond will be based?	<p>Please see the updated section in the addendum. The contract shall be updated to read:</p> <p>The Contractor shall deliver to the Department purchasing office an executed performance bond, in a form acceptable to the Department, in the amount of six (6) months of the estimated Per Member Per Month contract amounts for CD Services, as determined by the Department, with the Department as obligee. In addition, the Contractor shall deliver to the Department purchasing office an executed payment bond, in a form acceptable to the Department, in the amount of one (1) estimated weekly payroll payment to Personal Care Assistants, as determined by the Department, with the Department as obligee. The surety shall be a surety company or companies approved by the State Corporation Commission to transact business in the Commonwealth of Virginia. No payment shall be due and payable to the Contractor, even if the contract has been performed in whole</p>

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			or in part, until the bonds have been delivered to and approved by the Department.
101.		Are the requirements of each waiver different? Do all waivers apply rules the same way? For example, if overtime is allowed, is it allowed systematically across all waivers?	All member services requirements may be found at: https://www.virginiamedicaid.dmas.virginia.gov/wps/portal/ProviderManual
102.		How many service facilitators work across the state?	Refer to the response given for question 80.
103.		Are the background checks billed under the vendor's provider ID?	Yes.
104.		For claims submission purposes, are the workers or participants set up as individual Medicaid providers with an individual Medicaid provider number? Or, are claims (837s) billed under the vendor's provider ID?	The encounters are submitted under the vendor's NPI provider ID. Attendant and member information must be submitted with a unique attendant or employee ID. This information may NOT be the SSN or FEIN.
105.		Are participant-specific diagnosis codes required for billing purposes (as opposed to a single diagnosis code used across the board to represent self-directed services)? If so, how are such codes provided to the vendor?	Diagnosis code is required for the 837P transaction, but can be a single designated code. This will be reviewed with DMAS after the contract award process.
106.		Does the vendor disburse payroll prior to being paid? In other words, does the vendor advance payroll from its own funds prior to being reimbursed?	No. Working capital is disallowed in this program. The vendor is not required to fund payroll.

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107.		How soon after billing occurs does the vendor receive reimbursement?	Reimbursement will generally occur up to 2 weeks after submission to DMAS.
108.		What is the average payroll size?	Over the past 3 months, the estimated monthly average of payroll is approximately \$8,400,000.00. *Please note this data reflects population of CD services participants to include waiver services excluded from this RFP.
109.		Does a single SA file contain multiple participants? Or, is there an individual SA for each participant?	The SA file in Section 4.7.10 sent daily to the vendor/contractor will contain multiple participants (Members) and each participant may have multiple SAs based on services and dates authorized.
110.	General Question	Does the Department or State have any requirements for Medicaid Individuals and EORs to carry Workers Compensation Insurance for employees?	Worker's Compensation is not a requirement of this procurement.
111.	General Question	Has the department considered delaying the RFP until the CCC Plus plans have completed their FMS procurement?	No.
112.	General Question	Are all Personal Care Attendants covered through Worker's Compensation?	Refer to the response given to question 110.

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Attachment C

Firms that submitted a Letter of Intent – by due date and time required in the RFP:
Acumen Fiscal Agent, LLC
Consumer Direct Care Network
Guardian Trac LLC., dba GT Independence
Palco, Inc.
Public Partnerships LLC